UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to: Assistant Commissioner for Patents Box PATENT APPLICATION Washington, DC 20231	Attorney Docket No.	BEU/LEONARD *et alii*
	First Named Inventor (or identifier)	JON LEONARD
	Total Pages	66 (Including Transmittal)

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	SYSTEM AND METHOD FOR ENABLING THE ORIGINATOR OF AN ELECTRONIC MAIL MESSAGE TO PRESET AN EXPIRATION TIME, DATE, AND/OR EVENT, AND TO CONTROL PROCESSING OR HANDLING BY A RECIPIENT

☒ 1. Submitted herewith are the following:

36 pages of specification.
1 Abstract.
11 sheet(s) of drawings (Figures 1-11).
50 claim(s) (6 Indp/44 Dep/No Multiple Dep).
1 Oath/Declaration UNsigned by each inventor.
0 signed Inventor Small Entity Statement(s).
0 signed non-Inventor Small Entity Statement(s).
0 signed Small Business Small Entity Statement(s).
0 signed Non-Profit Small Entity Statement(s).
0 Preliminary Amendment.
0 Information Disclosure Statement(s).
0 pages of Form PTO-1449, and one copy of each document listed thereon.
0 Assignment of the invention, Cover Sheet, and payment of the $_____ recordal fee.
0 certified copy of application no. _____ filed in _____. Priority is claimed.
0 check in the amount of $_____ including any assignment recordal fee.

☐ 2. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

☐ 3. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -

☐ 4. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -

☐ 5. Other:_____.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	$760.00
Total Claims:	50	- 20 =	30	X $18 =	540.00
Independent Claims:	6	- 3 =	3	X $78 =	234.00

Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4th Floor Alexandria, VA 22314-1176	Multiple Dependent Claim (add $260.00):	
	Subtotal:	$1,534.00
	50% Reduction if Small Entity Status:	- $767.00
Phone: 703-683-0500 Fax: 703-683-1080	Total:	$767.00

Date:	Name:	Signature:	Reg. No.
7 September 1999	BENJAMIN E. URCIA	*[signature]*	33,805